Application Number 10/6997444 Filing Date. **CLAIMS ONLY** * May be used for additional claims or amendments CLAIMS AFTER SECOND AMENDMENT AS FILED AFTER FIRST **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 68**)** 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 Total Total Indep Indep Total Total Depend Depend Total Claims Total Claims

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